

Park/Facility Permit Application

FLATHEAD COUNTY PARKS AND RECREATION

309 FFA Drive - Kalispell, MT 59901 406.758.5800; fax 406.758.5888

Date(s) Requested - must include set-up and take down time/days. From: To:	PARK NAME:				
Specify areas of park & time: From:am/pm To:am/pm To:am/pm From:am/pm To:am/pm To:	Date(s) Requested – must include set-up and	d take down time/days.			
From:am/pm To:am/pm To:	From:	To:			
From:am/pm To:am/pm To:	• •	Eron	n: am/nn	a To: am/nm	
CONTACT NAME: Organization Name					
CONTACT NAME: Organization Name Address Cell Phone City/State/Zip Code Other Phone Email EVENT NAME: Description Open to Public? Admission Charge \$ Participants/Spectators # Food/Beverage/Goods/Services - Provider Name & Telephone RATE (see worksheet on reverse) \$Security Deposit					
Organization Name Address Cell Phone City/State/Zip Code Other Phone Email EVENT NAME: Description Open to Public? Admission Charge \$ Participants/Spectators # Food/Beverage/Goods/Services - Provider Name & Telephone Items/Structures Brought to Park RATE (see worksheet on reverse) \$Security Deposit \$Facility Rental Agr			<u></u> um, pn	ил, рті	
Address Cell Phone City/State/Zip Code Other Phone Email EVENT NAME: Description Open to Public? Admission Charge \$ Participants/Spectators # Food/Beverage/Goods/Services - Provider Name & Telephone Items/Structures Brought to Park RATE (see worksheet on reverse)	CONTACT NAME:				
Email EVENT NAME: Description Open to Public? Admission Charge \$ Participants/Spectators # Food/Beverage/Goods/Services - Provider Name & Telephone Items/Structures Brought to Park RATE (see worksheet on reverse) S	Organization Name			Phone	
EVENT NAME: Description Open to Public? Admission Charge \$ Participants/Spectators # Food/Beverage/Goods/Services - Provider Name & Telephone RATE (see worksheet on reverse) \$Security Deposit	Address		- (Cell Phone	
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Description Open to Public? Admission Charge \$ Participants/Spectators # Food/Beverage/Goods/Services – Provider Name & Telephone Items/Structures Brought to Park RATE (see worksheet on reverse) \$Security Deposit	Email				
Open to Public? Admission Charge \$ Participants/Spectators # Food/Beverage/Goods/Services – Provider Name & Telephone Items/Structures Brought to Park Items/Structures Brought to Park	EVENT NAME:				
RATE (see worksheet on reverse) S	Description				
RATE (see worksheet on reverse) Security Deposit Group Rate Pavilion/Other Rate Set-Up / Take-Down / Clean-Up Total Amount Due I Certify that the information contained herein is true and correct. I agree to abide by the Flathead County Special Events Requirements, Facility Rental Agreement and stipulations of the Permit. Rental is on a first-come first-served basis and dates are reserved by submitting a Permit Application, Facility Rental Agreement, and Security Deposit. Remaining fees and a Certificate of Insurance naming Flathead County as Additional Insured are due 20 business days prior to the event. Applicant Signature: [Agent of Organization]	Open to Public?	Admission Charge \$		Participants/Spectators #	
RATE (see worksheet on reverse) \$ Security Deposit	Food/Beverage/Goods/Services – Provider N	Name & Telephone			
\$Security Deposit	Items/Structures Brought to Park				
\$Group Rate	RATE (see worksheet on reverse) OFFICE USE ONLY				
Set-Up / Take-Down / Clean-Up Set-Up / Take-Down / Clean-Up Total Amount Due I certify that the information contained herein is true and correct. I agree to abide by the Flathead County Special Events Requirements, Facility Rental Agreement and stipulations of the Permit. Rental is on a first-come first-served basis and dates are reserved by submitting a Permit Application, Facility Rental Agreement, and Security Deposit. Remaining fees and a Certificate of Insurance naming Flathead County as Additional Insured are due 20 business days prior to the event. Applicant Signature: [Agent of Organization]				· -	
Health Dept Lic/Bus Lic Copy Mailed Key Check Out Key Return Sec/Dep Return					
\$Total Amount Due	\$Pavilion/Other Rate		Heal	th Dept Lic/Bus Lic	
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Facility Rental Agreement and stipulations of the Permit. Rental is on a first-come first-served basis and dates are reserved by submitting a Permit Application, Facility Rental Agreement, and Security Deposit. Remaining fees and a Certificate of Insurance naming Flathead County as Additional Insured are due 20 business days prior to the event. **Please bring an approved copy of this document to the event.** Applicant Signature:	5Total Amount Due				
	Facility Rental Agreement and stipulations of t submitting a Permit Application, Facility Renta Flathead County as Additional Insured are due	the Permit. Rental is on a fi al Agreement, and Security 20 business days prior to	irst-come first-served b Deposit. Remaining fee	asis and dates are reserved by	
	Applicant Signature:		Date:		
	(Agent of Organization)				
Flathead County Signature: Date:	Flathead County Signature:		Date: _		

RATES

Please note: Pavilion rental at Herron or Volunteer Park is an additional fee over and above the basic group rate.

FOYS CENTER RATES – Daily Rates (half day fees do not apply)

Group Size under 30 - \$135; 30 - 50 - \$200; 50 - 75 \$300

6am-2pm or 2pm - 10pm **Group Size** Half Day Rate Security Deposit **Daily Rate** Under 30 \$100 \$50 \$50 30 - 50\$200 \$100 \$100 51 - 100\$300 \$150 \$150 101 - 200\$400 \$200 \$200 201 - 300\$500 \$250 \$250

 $Set-up\ /\ take-down/\ clean-up\ fee\ is\ \$50,\ unless\ there\ is\ a\ significant\ impact\ on\ the\ Park,\ as\ determined\ by\ the\ Parks\ Department.$

RATE	WOR	KSHEE	T

Security Deposit	\$
Group Rate	\$ #Days @ \$ Per Day
	\$ Set-Up / Take-Down / Clean-Up
	\$ Sub - Total
Other Rates – Volunteer Park	\$ Mattson Pavilion \$100 full day \$50 half-day –8 picnic tables/capacity 75
	\$ Chautauqua Pavilion \$50 full day; \$25 half-day — 2 picnic tables
	\$ Lacon Pavilion \$50 full day; \$25 half-day – 2 picnic tables
Other Rates – Herron Park	\$ # Campsitesx # Days @ \$10
	\$ # Stalls x # Days @ \$15
	\$ Grand-Total

CHECKLIST

 Security Deposit
 Balance of Fees – due 20 business days before the event
 Certificate of Insurance naming Flathead County as Additional Insured – see item #16 of Agreement
 Other:
Other: